| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001               |  |   |              |                   |                                     |                  |       |                     |                        |                               |                     |                        |  |
|--|--|---|--------------|-------------------|-------------------------------------|------------------|-------|---------------------|------------------------|-------------------------------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |  |   |              |                   |                                     |                  |       | SMALL EN            | OR                     | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |
| TOTAL CLAIMS   |  |   | 48           |                   |                                     |                  |       | RATE                | FEE                    |                               | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED |                   | NUMBER EXTRA                        |                  |       | BASIC FEE           | 370.00                 | OR                            | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 18 minus 20= |                   | • 28                                |                  |       | X\$ 9=              |                        | OR                            | X\$18=              | 504                    |  |
| INDEPENDENT CLAIMS   |  |   | 4 minus 3 =  |                   | • /                                 |                  |       | X42=                |                        | OR                            | X84=                | 84                     |  |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT       |                   |                                     |                  |       | +140=               |                        | OR                            | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |  |   |              |                   |                                     |                  |       | TOTAL               |                        | OR                            | TOTAL               | 1728                   |  |
| 6/19/6 CLAIMS AS AMENDED - PART II   |  |   |              |                   |                                     |                  |       |                     |                        | '<br>                         | OTHER<br>SMALL I    |                        |  |
| -//  | //   | 7   | SMALL        | ADDI-             | OH<br>I                             | SMALL            | ADDI- |                     |                        |                               |                     |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI      | HEST<br>MBER<br>MOUSLY<br>DFOR      | PRESENT<br>EXTRA |       | RATE                | TIONAL<br>FEE          |                               | RATE                | TIONAL FEE             |  |
| DME  | Total  | 48  | Minus        | ** 4              | 18 -                                | • /              | ]     | X\$ 9=              |                        | OR                            | X\$18≐              |                        |  |
| MEN  |  | • 4                                       | Minus        | *** /             | 7                                   | = /              |       | X42=                |                        | OR                            | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /   |   |              |                   |                                     |                  | J     | +140=               | ·                      | OR                            | +280=               |                        |  |
|  |  |   |              |                   |                                     |                  |       | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT, FEE | ~                      |  |
|  |  | (Column 1)                                |              | (Colt             | umn 2) _                            | (Column 3        | 3)_   | ADDIT. PEE          |                        | •                             | 70011.1 CL          |                        |  |
| AMENDMENT B  | :  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIG<br>NU<br>PRE\ | HEST<br>MBER<br>NOUSLY<br>D FOR     | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus        | **                |                                     | =                |       | X\$ 9=              |                        | OR                            | X\$18=              | 20                     |  |
|  | independent  | •   | Minus        | ***               | 17 OL 4114                          | =                | 4     | X42=                |                        | OR                            | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |  |   |              |                   |                                     |                  |       | +140=               |                        | OR                            | +280=               |                        |  |
|  |  |   |              |                   |                                     |                  |       | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL ADDIT. FEE    |                        |  |
|  |  | (Column 1)                                |              |                   | umn 2)_                             | (Column :        | 3)    |                     |                        |                               |                     | •                      |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NU<br>PRE         | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus        | **                |                                     | <b>s</b>         |       | X\$ 9=              |                        | OR                            | X\$18=              |                        |  |
|  | Indep ndent  | •   | Minus        | ***               |                                     |                  | 4     | X42=                |                        | OR                            | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                   |                                     |                  |       | +140=               |                        | OR                            | +280=               |                        |  |
| * If the army is column 1 is less than the entry in column 2, write "0" in column 3. |  |   |              |                   |                                     |                  |       |                     |                        | OR                            | TOTAL               |                        |  |
| :  | ** If th "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                   |                                     |                  |       |                     |                        |                               |                     |                        |  |
| ı  | -  |   |              |                   |                                     |                  |       |                     |                        |                               |                     |                        |  |